

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

112	430	8
<b>,</b>	OMB APPE	ROVAL
İ	OMB Number	1235-0076

December 31, 1993 Expires: Estimated average burden hours per.....

	SEC USE ONLY	_
Prefix		Serial
	DATE RECEIVED	

Name of Offering (☐ Check if this is an OFFERING OF MEMBERSHIP INTER				te change.)		ign.
Filing Under (Check box(es) that apply:	☐ Rule 504	Rule 505	⊠ Rule 506	☐ Section 4(6	) jajo uloe	LIGHT
Type of Filing:   New Filing	☐ Amendme	nt			MAN & B	7002 >>
	Α	BASIC IDENTIF	ICATION DATA			
1. Enter the information requested about	t the issuer		R		1681	<u> K</u>
Name of Issuer ( Check if this is an a BARCA PARTNERS, LLC	mendment and	name has change	ed, and indicate	change.)	200	
Address of Executive Offices (Number a 320 Village Lane, Los Gatos, CA 98		State, Zip Code)		Telephone Number (408)	(Including Area C	ode)
Address of Principal Business Operation (if different from Executive Offices)	ns (Number and	Street, City, Stat	e, Zip Code)	Telephone Number	(Including Area C	ode)
Brief Description of Business Ownership and operation of restaurant	<u> </u>					
Type of Business Organization ☐Corporation ☐ Business Trust	_	mited Partnershi mited Partnershi	•		Other (Please spe	• ,
Actual or Estimated Date of Incorporatio	n or Organizatio	on:	-	Month Year 7 2000	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Organiza	•	o-letter U.S. Posta ada; FN for other			PROCES:	SED
GENERAL INSTRUCTIONS	<u>-</u>	<del></del>			JUN 1 3 20	102
Federal: Who Must File: All issuers making an offering of secur	ities in reliance on ar	n exemption under Reg	ulation D or Section 4	4(6), 17 CFR 230.501 et seq	THOMSOI	

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Full Name (Last name first, if individua	1)			•	
Hebert, Aimee					
Business or Residence Address (Numb	per and Street, City	, State, Zip Code)			
320 Village Lane, Los Gatos,	CA 95030				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or  Managing Partner
Full Name (Last name first, if individual	l)				
Kinch, David					
Business or Residence Address (Number	per and Street, City	, State, Zip Code)			
141 Grant Street Santa Cruz	, CA 95060	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	)				
Business or Residence Address (Numb	per and Street, City	, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua	)				
Business or Residence Address (Numb	per and Street, City	, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual	)				
Business or Residence Address (Number	per and Street, City	, State, Zip Code)	The state of the s		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual					
Business or Residence Address (Numb	per and Street, City	, State, Zip Code)			
<del></del>					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	,					B. INFORM	MATION A	BOUT OFF	ERING					
1. H	as the i	ssuer so	d, or does	the issuer in					_		······		Yes □	No ⊠
					Answer als	o in Append	dix, Colum	n 2, if filing	under ULC	E.				
2. What is the minimum investment that will be accepted from any individual?												.00		
3. D	oes the	offering	permit joint	townership	of a single (	unit? .		••••••				••••••	Yes	No ⊠
si to lis	on or si be liste It the na	milar ren ed is an a ame of th	nuneration issociated p e broker or	ted for each for solicitation person or ag dealer. If me he information	on of purcha ent of a bro nore than fiv	asers in con oker or deal ve (5) perso	nection w er register ns to be li	ith sales of red with the	securities in SEC and/o	n the offerion	ng. If a per ite or state	rson s,		
Full N	lame (L	ast nam	e first, if inc	lividual)										
N/A														
Busir	ess or	Residen	ce Address	(Number ar	nd Street, C	ity, State, Z	ip Code)							
Name	e of Ass	sociated I	Broker or D	ealer						1				
State	s in Wh	ich Pers	on Listed H	las Solicited	or Intends	to Solicit Pu	ırchasers							
(C	heck "A	All States	" or check	individual St	ates)						•••••		☐ All S	States
۱ ] ۸]	L] L] IT] RI]	[AK] [IN ] [NE] [SC]	[AZ] [IA ] [NV] [SD]	[AR] [KS] [NH] ITN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE ] [MD] [NC ] [VA ]	[DC ] [MA ] [ND ] [WA]	[ FL ] [ MI ] [OH ] [WV]	[GA] [MN] [OK] [WI]	[ HI ] [MS] [OR ] [WY]	[ ID ] [MO] [PA ] [PR ]	
			e first, if inc	<u> </u>	11/1	[01]	[vi]	<u> </u>	[WA]	[** *]	TAA.1	[44+]	Įi iv j	
		-,												
Busin	ess or	Residend	ce Address	(Number ar	nd Street, C	ity, State, Z	ip Code)							
Name	of Ass	sociated I	Broker or D	ealer										
State	s in Wh	ich Pers	on Listed H	las Solicited	or Intends	to Solicit Pu	ırchasers							
(C	heck "A	All States	" or check	individual St	ates)								☐ All S	States
[ ] [N	AL] L] IT] RI]	[AK] [IN ] [NE] [SC]	[AZ] [IA ] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE ] [MD] [NC ] [VA ]	[DC ] [MA ] [ND ] [WA]	[ FL ] [ MI ] [OH ] [WV]	[GA] [MN] [OK] [WI]	[ HI ] [MS] [OR ] [WY]	[ ID ] [MO] [PA ] [PR ]	
Full N	lame (L	ast name	e first, if inc	lividual)										
Busir	ess or	Residen	ce Address	(Number ar	nd Street, C	ity, State, Z	ip Code)		•••					
Namo	of Ass	ociated I	Broker or D	ealer	,									
State	s in Wh	ich Pers	on Listed H	las Solicited	or Intends	to Solicit Pu	urchasers							
(C	heck "A	All States	" or check	individual St	ates)			••••••					□ All S	States
[ ] [N	L] L] IT] RI]	[AK] [IN ] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE ] [MD] [NC ] [VA ]	[DC ] [MA ] [ND ] [WA]	[ FL ] [ MI ] [OH ] [WV]	[GA] [MN] [OK] [W ]	[ HI ] [MS] [OR ] [WY]	[ ID ] [MO] [PA ] [PR ]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEE	DS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			\$	1,000,000.00
	Type of Security	(	Aggregate Offering Price	Á	Amount Already Sold
	Doba				
	Debt	<b>□</b> \$_	.00	□\$_	.00
	Equity	⊠\$_	1,000,000 00	⊠\$_	1,000,000 .00
	□ Common Preferred □	_			
	Convertible Securities (including warrants) (See above)	□\$_		□\$_	.00.
	Partnership Interests (Limited Liability Company)	_	1,000,000 .00	_	
	Other (Specify)	□\$_	.00	_	.00
	Total	□\$_		□\$_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				
			Number of Investors	D	Aggregate ollar Amount f Purchasers
	Accredited Investors	<b>(⊠</b> )	10	⊠\$	<b>1,000,000</b> .00
	Non-accredited Investors	_		□\$	
	Total (for filings under Rule 504 only)			□\$	.00
	Answer also in Appendix, Column 4, if filing under ULOE.			<b>-</b>	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1.		Town of		
	Type of Offering		Type of Security	U	ollar Amount Sold
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Rule 505	□\$	00	□\$	1,000,000 .00
	Regulation A	\$_		□\$_ □\$	.00
	Rule 504	□\$_ □\$		□\$_ □\$	
	Total			_	
	Total	<b>=</b> \$_	.00	□\$_	.00.
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			□\$	.00
	Printing and Engraving Costs			□\$	
	Legal Fees			—·_ ⊠\$	10,000 00
	Accounting Fees			_₹_	.00
	Engineering Fees			□\$	.00.
	Sales Commissions (specify finders' fees separately)			□\$_ □\$_	.00.
	Other Expenses (identify)			□\$_ □\$	.00.
				Ψ_	.00

Total \_\_\_\_\_\_ \$ 10,000 00

	b. Enter the difference between the aggregate of total expenses furnished in response to Part C - proceeds to the issuer."	Question 4.a. This differ	ence is the "adjusted	gross			⊠\$	<b>990,000</b> .00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a box to the left of the estimate. The total of the pathe issuer set forth in response to Part C- Question	ny purpose is not known syments listed must equa	, furnish an estimate a	and check the		Payment to Officers, Directors, & Affiliates	1	Payment To Others
	Salaries and fees				□\$_	.00	□\$_	.00
	Purchase of real estate	•••••			□\$_	.00	⊠ \$_	.00
	Purchase, rental or leasing and installation of				□\$_	.00	□\$_	.00
	Acquisition of other business (including the v may be used in exchange for the assets or se							
	Repayment of indebtedness			,				.00
	• •					.00.		
	Working capital				_		□\$_ •	
	Other (Specify)				Π <b>⊅</b> _	.00.	Пэ_	.00.
	Column Totals			<del></del>	⊓\$		⊠\$	990,000.00
	Total Payments Listed (column totals added)						図\$_	00. 000,000
		D FEDERAL	CONATURE.					
_		D. FEDERAL	SIGNATURE					
ig	is issuer has duly caused this notice to be signed inature constitutes an undertaking by the issuer to ormation furnished by the issuer to any non-accre	furnish to the U.S. Secu	rities and Exchange (	Commission, up				
	Issuer (Print or Type)	Signature		Date		****		
	BARCA PARTNERS, LLC		(),,	1 MAN /	1,2	2002		
	Name of Signer (Print or Type)	Title of Signer (Print o	Type)	4				
	Aimee Hebert	Manager	X	4				
		_	<b>4</b> 1 (1	7				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNA	ATURE		
1.			ct to any of the disqualification provisions of such	Yes	No ⊠
		See Appendix, Column 5, for sta	ite response.		
2.	The undersigned issuer hereby underta Form D (17 CFR 239.500) at such time		trator of any state in which this notice is filed, a notice on		
3.	The undersigned issuer hereby undertaissuer to offerees.	akes to furnish to the state administ	trators, upon written request, information furnished by the		
4.	Limited Offering Exemption (ULOE) of of this exemption has the burden of est	the state in which this notice is filed tablishing that these conditions hav			
<u> </u>	e issuer has read the notification and kn undersigned duly authorized person.	lows the contents to be true and ha	s duly caused this notice to be signed on its behalf by the		
	(Driet or Trace)	Cianathus			
	suer (Print or Type)	Signature	Date / Mar. ///		
B/	ARCA PARTNERS, LLC		MAY 19, 2002		
Na	me of Signer (Print or Type)	Title of Signer (Print or Typ	pe)		
	Aimee Hebert	Manager (			

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					<b>APPENDIX</b>				
1		2	3			4			5
	to non- investo	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of In amount purch (Part C	Disqualifiction under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Membership Interest	Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR			61,000,00,00	10	61 000 000 00	0			
CA CO		X	\$1,000,00.00	10	\$1,000,000.00	0			X
CT				-					
DE									
DC	<del>  </del>								
FL						-			
GA								<del></del>	
HI									
ID									
IL									
IN									
lA									
KS									
KY									
LA									
ME									
MD									
MA	ļl								
MI	ļ							<b>-</b> ·	
MN									ļ
MS									ļ
MO	<u> </u>			1					1

					APPENDIX					
1		2	3		4					
	to non- investo	nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqua under Sta (if yes, explana waiver ; (Part E-	attach attach ation of granted)				
State	Yes	No	Membership Interest	Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT		-								
VT										
VA										
WA										
WV										
WI										
WY										
PR										

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# Attachment 1 Basic Identification Data